APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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describe Check		-									
	=	tached hereto.									
	b.										
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as										
amended by any amendment referred to above.											
and/or (e of Federal Regula	ntions, §1.56. Under Ti	ttle 35, U.S. Code §119, the	own to me to be material to pate e priority benefits of the follow entatives or assigns within one	ing foreign application(s)						
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):											
applicat		the following as my atto all business in the Paten		ower of substitution and revoc	ation to prosecute this						
	Mark C	ostello E	Reg. No. 31,342;	Elizabeth F. Harasek	Reg. No. 28,850;						
			Reg. No. 26,402;	Eugene O. Palazzo	Reg. No. 20,881;						
			Reg. No. 32,145;	Mario A. Costantino	Reg. No. 33,565;						
			Reg. No. 35,782;	Stephen J. Roe	Reg. No. 34,463;						
	James A		Reg. No. 27,075;	Joel S. Armstrong	Reg. No. 36,430;						
			Reg. No. 30,024;	Christopher W. Brown	Reg. No. 38,025;						
	Kirk M.	_	Reg. No. 27,562;	Richard E. Rice	Reg. No. 31,560;						
			Reg. No. 30,411;	Paul Tsou	Reg. No. 37,956; and						
			Reg. No. 31,450;	Eric D. Morehouse	Reg. No. 38,565.						
	Robert A		Reg. No. 32,771;	Lite D. Morenbuse	140g. 140. 50,505.						
	Robertz	a. Minici	Acg. 110. 02,771,								
				CATION SHOULD BE SE 20, TELEPHONE (703) 830							
	knowledge are true	e and that all statements	s made on information and	of this Declaration, and that all belief are believed to be true; we like so made are punishable	and further that these						
both, un		f Title 18 of the United		willful false statements may je							
1	Typewritten Full Name of First or Sole Inventor		M.	Charlotte	BALTUS						
2	**INVENTOR'S SIGNATURE:		Given Name M (M o	Joth Solto	Family Name						
3	**DATE OF SIGNATURE:		12		2003						
	-		Month	Day	Year						
	Residence:	Rochest	ter	NY	USA						
		City		State or Province	Country						
	Citizenship:	USA									
	-	Post Office Address:									
		(Insert complete	41 Belmont Street	t							
		mailing address									

Rochester, NY 14620

including country)

^{*}This f rm may be executed only when attached t the specification (including claims) at the end thereof if Box a. is checked. **Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Full Name					
	of Second Joint Inventor (if any)		Nathaniel	G.	MARTIN	
			Given Name	Middle Initial	Family Name	
2	**INVENTO	R'S SIGNATURE:	Wallow C		MAS	
3	**DATE OF	SIGNATURE:	Dogwha 12		1003	
3	DATE OF		Month	Day	Year	
	Residence:	Rochester	N	•	USA	
	residence.	City	State or Province		Country	
	Citizenship:	USA			,	
	Chizenship.	Post Office Address:				
		(Insert complete	24 Calumet Street			
		mailing address,				
		including country)	Rochester, NY 14610			
	Typewritten Full Name of Third Joint Inventor (if any)					
	oj Inira Joint	Inventor (if any)	Given Name	Middle Initial	Family Name	
			Orven Hame	Wildale Illitial	ranniy Name	
;	**INVENTO	R'S SIGNATURE:		·		
i	**DATE OF	SIGNATURE:				
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		mailing address, including country)				
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		nt Inventor (if any)				
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	Citizenship:	•			•	
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		mailing address,				
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1	Typewritten Fu					
	of Fifth Joint In	iventor (if any)	Given Name	Middle Initial	Family Name	
			Given Name	Middle findai	railing Name	
	**INVENTOR	'S SIGNATURE:				
3	**DATE OF S	IGNATURE:				
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		City	State or Province		Country	
	Citizenship:					
		Post Office Address:				
		(Insert complete mailing address,				
		including country)				

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.